PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

011503

CLAIMS AS FILED - PART (Column 1)						mn 2)	_	SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS			10				ſ	RATE	FEE	OR 	RATE	FEE
FO	R		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/0 minus 20=		*	ϕ	Ī	X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS			*		Ī	X42=	· · · · · ·	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2	L	TOTAL		OR	TOTAL	740
	C	LAIMS AS A	MENDED - PART II							,	OTHER	٠,
		(Column 1)		(Colu		(Column 3)	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	. [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u> </u>	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84= .	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM		Ī	+140=		OR	+280=	
							L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		JOI 1	ADDIT. FEE	
AMENDMENT B		CLAIMS		HIGH	IEST		F	······	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT	1		BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus '	***		<u> </u>		X42=		OR	X84=	
Ľ	Best Available Copy							+140=		OR	+280=	
DC01/(Validate ele)							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		╵┠	+140=				
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write 0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					r foui	nd in the app	ropriate box	in co	lumn 1.	